

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
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46	/						96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.	/						TOTAL IND.						
TOTAL DEP.	/						TOTAL DEP.						
TOTAL CLAIMS	/						TOTAL CLAIMS						